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CONFIRMATION NO. 1094

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/511,076 08/03/1995 PAT 6,818,014

yes, VB

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

12/09/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>				

## ADDRESS

490

## TITLE

LONGITUDINALLY FLEXIBLE EXPANDABLE STENT

<b>FILING FEE RECEIVED</b> 1416	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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